

AO 440 (Rev. 12/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Southern District of New York

Judge Hellerstein

The Mount Sinai Hospital)

Plaintiff)

v.)

United States of America)

Defendant)

Civil Action No.)

10 CIV 5937

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) United States of America
Douglas H. Shulman, Commissioner
Internal Revenue Service
1111 Constitution Avenue, NW
Washington, D.C. 20224

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: McDermott Will & Emery LLP

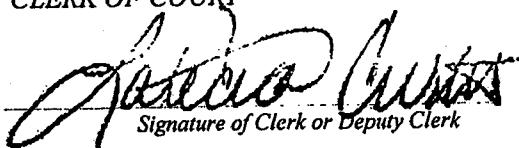
c/o John J. Calandra
340 Madison Avenue
New York, New York 10173

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

1 AUG 06 2010

Date: _____

RUBY J. KRAJICK
CLERK OF COURT


Signature of Clerk or Deputy Clerk

UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

The Mount Sinai Hospital)
Plaintiff)
v.)
United States of America)
Defendant)

) Case No.: 10 CIV 5937

AFFIDAVIT OF SERVICE BY CERTIFIED MAIL

I, Michael Reeder, a Private Process Server, being duly sworn, depose and say, I have been duly authorized to make service of the documents listed herein in the above entitled case, I am over the age of eighteen years and am not a party to or otherwise interested in this matter.

DOCUMENT(S): Summons, Civil Cover Sheet, Complaint with Exhibits, and Rule 7.1 Statement

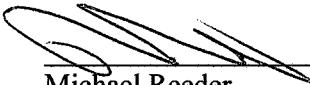
SERVE TO: United States of America c/o Douglas H. Schulman, Commissioner

SERVICE ADDRESS: Internal Revenue Service, 1111 Constitution Avenue, NW, Washington, DC 20224-0001

METHOD OF SERVICE: by mailing a copy of the documents listed herein to United States of America c/o Douglas H. Schulman, Commissioner at on September 13, 2010 via certified mail, return receipt requested, US Postal Service Article No.: .

7006 0100 0006 2606 5447

I do solemnly declare and affirm under penalty of perjury that the information set forth herein is correct to the best of my knowledge, information and belief.


Michael Reeder
CAPITOL PROCESS SERVICES, INC.
1827 18th Street, NW
Washington, DC 20009-5526
(202) 667-0050

Subscribed and sworn to before me, a notary public, on this 20th day of September, 2010.

Angela H. Croson
Notary Public
Angela H. Croson

My Commission Expires: 03-31-14

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X</p> <p>B. Received by <input checked="" type="checkbox"/> Commissioner's Correspondence</p> <p>C. Date of Delivery Office SEP 20 2010</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>SEP 20 2010</p>	
<p>1. Article Addressed to:</p> <p>United States of America c/o Douglas C. Schulman, Commissioner Internal Revenue Service 1111 Constitution Avenue, NW Washington, DC 20224-0001</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number <i>(Transfer file)</i></p> <p>PS Form 38</p>		<p>02-M-1540</p>	

